

Please type a plus sign (+) inside this box → [+]

PTO/SB/05 (03-01)
Approved for use through 10/31/2002. OMB 0651-0032
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number

**UTILITY
PATENT APPLICATION
TRANSMITTAL**

(Only for new nonprovisional applications
under 37 CFR 1.53(b))

Attorney Docket No.

8382CL\$

First Inventor

Autran

Assignee

The Procter & Gamble Company

Title

Biodegradable Polyhydroxyalkanoate
Copolymers Having Improved Crystallization
Properties

Express Mail Label No.

EV 195332958 US

APPLICATION ELEMENTS

See MPEP Chapter 600 concerning utility patent application contents.

Mail Stop Patent Application
ADDRESS TO: Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

1. [X] Fee Transmittal Form (e.g., PTO/SB/17)
(Submit an original, and a duplicate for fee processing)

2. [X] Specification Total Pages [45]
(preferred arrangement set forth below)

- Descriptive Title of the Invention
- Cross References to Related Applications
- Statement Regarding Fed sponsored R&D
- Reference to sequence listing, a table, or a computer program listing appendix
- Background of the Invention
- Brief Summary of the Invention
- Brief Description of the Drawings (if filed)
- Detailed Description
- Claim(s)
- Abstract of the Disclosure

3. [X] Drawing(s) (35 USC §113) Total Sheets [1]

4. Oath or Declaration Total pages [2]

- a. [X] Newly executed (original or copy)
- b. [] Copy from a prior application (37 CFR §1.63(d))
(for continuation/divisional with Box 17 complete)
 - i. [] **DELETION OF INVENTORS**
Signed statement attached deleting inventor(s)
named in the prior application,
see 37 CFR §§1.63(d)(2) and 1.33(b).

5. [X] Application Data Sheet. See 37 CFR §1.76

6. [] CD-ROM or CD-R in duplicate, large table or
Computer Program (Appendix)

7. Nucleotide and/or Amino Acid Sequence Submission
(if applicable, all necessary)

- a. [] Computer Readable Form (CRF)
- b. Specification Sequence Listing on:
 - i. [] CD-ROM or CD-R (2 copies); or
 - ii. [] Paper

c. [] Statement verifying identity of above copies

ACCOMPANYING APPLICATION PARTS

8. [] Assignment Papers (cover sheet & document(s))

9. [] 37 CFR 3.73(b) Statement [] Power of Attorney
(when there is an assignee)

10. [] English Translation Document (if applicable)

11. [X] Information Disclosure [X] Copies of IDS
Statement (IDS)/PTO-1449 Citations

12. [] Preliminary Amendment

13. [X] Return Receipt Postcard (MPEP 503)
(Should be specifically itemized)

14. [] Certified Copy of Priority Document(s)
(if foreign priority is claimed)

15. [] Nonpublication Request under 35 U.S.C.
122(b)(2)(B)(i). Applicant must attach form
PTO/SB/35 or its equivalent.

16. [] Other:

17. If a **CONTINUING APPLICATION**, check appropriate box and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR §1.76:

[X] Continuation [] Divisional [] Continuation-in-part (CIP) of prior application No. PCT/US01/50462, filed 12/20/2001, which claims benefit of 60/257,911, filed 12/21/2000

Prior application information:

Examiner: _____

Group/Art Unit: _____

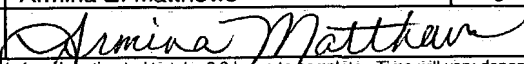
For **CONTINUATION OR DIVISIONAL APPS** only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

19. CORRESPONDENCE ADDRESS

[X] Customer Number

(Insert Customer No. here)

27752

Name (Print/Type)	Armina E. Matthews	Registration No. (Attorney/Agent)	43,780
Signature		Date	June 20, 2003

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, D.C. 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

(Revised for P&G use 4/7/2003)



FEE TRANSMITTAL for FY 2003

Patent fees are subject to annual revision.

Complete if Known

Application Number	
Confirmation Number	
Filing Date	June 20, 2003
First Named Inventor	Autran
Examiner Name	
Group/Art Unit	
Attorney Docket No.	8382CL\$

TOTAL AMOUNT OF PAYMENT (\$750.00)

METHOD OF PAYMENT (check one)

1. ☒ The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:

Deposit Account Number 16-2480

Deposit Account Name The Procter & Gamble Company

- ☒ Charge Any Additional Fee Required Under status. 37 C.F.R. §§1.16 and 1.17

FEE CALCULATION

1. BASIC FILING FEE - Large Entity

Code (\$)	Fee Description	Fee Paid
1001 750	Utility filing fee	[750]
1002 330	Design filing fee	<input type="checkbox"/>
1004 750	Reissue filing fee	<input type="checkbox"/>
1005 160	Provisional filing fee	<input type="checkbox"/>

SUBTOTAL (1) (\$)[750.00]

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE - Large Entity

		Extra Claims	Fee from Below	Fee Paid
Total Claims	[20] - 20** =	<input type="checkbox"/> x	<input type="checkbox"/>	= <input type="checkbox"/>

Independent Claims [1] - 3** = ☐ x ☐ = ☐Multiple Dependent ☐ = ☐

** or number previously paid, if greater; For Reissues, see below

Code (\$)	Fee Description	
1202 18	Claims in excess of 20	
1201 84	Independent claims in excess of 3	
1203 280	Multiple dependent claim, if not paid	
1204 84	**Reissue independent claims over original patent	
1205 18	**Reissue claims in excess of 20 & over original patent	

SUBTOTAL (2) (\$)[-0-]

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Code (\$)	Fee Description	Fee Paid
1051 130	Surcharge-late filing fee or oath	<input type="checkbox"/>
1052 50	Surcharge-late provisional filing fee or cover sheet	<input type="checkbox"/>
1053 130	Non-English specification	<input type="checkbox"/>
1812 2,520	For filing a request for <i>ex parte</i> reexamination	<input type="checkbox"/>
1804 920*	Requesting publication of SIR prior to Examiner's action	<input type="checkbox"/>
1805 1,840*	Requesting publication of SIR after Examiner's action	<input type="checkbox"/>
1251 110	Extension for reply within 1 st month	<input type="checkbox"/>
1252 410	Extension for reply within 2 nd month	<input type="checkbox"/>
1253 930	Extension for reply within 3 rd month	<input type="checkbox"/>
1254 1,450	Extension for reply within 4 th month	<input type="checkbox"/>
1255 1,970	Extension for reply within 5 th month	<input type="checkbox"/>
1401 320	Notice of Appeal	<input type="checkbox"/>
1402 320	Filing a brief in support of an appeal	<input type="checkbox"/>
1403 280	Request for oral hearing	<input type="checkbox"/>
1451 1,510	Petition to institute a public use proceeding	<input type="checkbox"/>
1452 110	Petition to revive - unavoidable	<input type="checkbox"/>
1453 1,300	Petition to revive - unintentional	<input type="checkbox"/>
1501 1,300	Utility issue fee (or reissue)	<input type="checkbox"/>
1502 470	Design issue fee	<input type="checkbox"/>
1460 130	Petitions to the Commissioner	<input type="checkbox"/>
1807 50	Petitions related to provisional applications (37 C.F.R. 1.17(q))	<input type="checkbox"/>
1806 180	Submission of Information Disclosure Statement	<input type="checkbox"/>
1809 750	Filing a submission after final rejection (37 CFR § 1.129(a))	<input type="checkbox"/>
1810 750	For each additional invention to be examined (37 CFR § 1.129(b))	<input type="checkbox"/>
1801 750	Request for Continued Examination (RCE)	<input type="checkbox"/>
1802 900	Request for expedited examination of a design application	<input type="checkbox"/>
1454 1300	Acceptance of unintentionally delayed claim for priority under 35 U.S.C. 119, 120, 121, or 365 (a) or (c)	<input type="checkbox"/>
	Other fee (specify) _____	<input type="checkbox"/>
	Other fee (specify) _____	<input type="checkbox"/>

* Reduced by Basic Filing Fee Paid SUBTOTAL(3) (\$)[-0-]

SUBMITTED BY

Name (Print/Type)	Armina E. Matthews	Registration No.	43,780	Complete (if applicable)	
Signature		Telephone	(513) 627-4210	Date	June 20, 2003